

# STANDARDS' COMPANION EXAMPLES

NATIONAL  
INSTITUTE  
*for*  
MEDICAL  
RESPIRE  
CARE



## Standard 8: Medical respite care is driven by quality improvement.

2023



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**Recuperative Care Quarterly Metrics Report**  
**Q 2 - July thru December 2020**  
**COTS Mary Isaak Center**

Summary:

**Patient Demographics**

<b>Gender</b>	#of clients	% of clients
Men		
Women		
TOTAL		100%

<b>Age*</b>	#of clients	% of clients
18-24		
25-34		
35-44		
45-54		
55-61		
62+		
TOTAL		100%

\*Clients under the age of 18 not permitted in COTS Recuperative Care

Average age of Recuperative Care clients:

<b>Veteran Status</b>	#of clients	% of clients
Veteran		
Not a Veteran		
Undisclosed		
TOTAL		100%

<b>Race</b>	#of clients	% of clients
Native America/Alaskan Native		
Pacific Islander		
Asian		
African American		
White		
Multiple Races		
Undisclosed		
TOTAL		100%

<b>Ethnicity</b>	#of clients	% of clients
White/Non-Hispanic		
White/Hispanic		
TOTAL		

<b>Health Insurance</b>	#of clients	% of clients
Have Health Insurance		
Do Not Have Health Insurance		
TOTAL		100%

<b>Health Insurance – Type</b>	#of clients	% of clients
Medi-Cal		
Medicare		
Medi-Medi		
Kaiser Permanente		
Other		
TOTAL		100%

**Admission to Recuperative Care by Primary Diagnosis/Presenting Issue**

<b>Primary Diagnosis</b>	#of clients	% of clients
--------------------------	-------------	--------------

Infection		
Musculoskeletal		
Substance Abuse		
Pulmonary		
Cardiac		
GI/Digestive		
Oncology		
Renal		
Trauma		
COPD		
CHF		
Diabetes		
Other		
TOTAL		100%

<b>Co-Occurring Conditions**</b>	<i>#of conditions</i>	<i>% of clients</i>
Mental Health		
Physical Disability		
Chronic Health Issue		
HIV/AIDS		
Developmental Disability		
Alcoholism		
Drug Addiction		
None		
TOTAL		100%

\*\*Clients may present multiple co-occurring health conditions.

### Referring Institution

<b>Institution</b>	<i>#of clients</i>	<i>% of clients</i>
Kaiser Permanente		
Petaluma Valley Hospital		
Santa Rosa Memorial		
Other		
TOTAL		100%

### Primary Care

<b>Does the client have a PCP upon entry?</b>	<i>#of clients</i>	<i>% of clients</i>

Yes		
No		
Unknown		
TOTAL		100%

Does the client have a PCP upon exit?	#of clients	% of clients
Yes		
No		
Unknown		
TOTAL		100%

#### Exit Information

Exit Destination	#of clients	% of clients
Shelter		
Housing		
Car/Street		
Hasn't Exited Yet		
Other		
TOTAL		100%

#### Utilization

Length of stay	#of clients	% of clients
1-7 Days		
8-14 Days		
15-21 Days		
22-29 Days		
30+ Days		
TOTAL		100%

Average length of stay in Recuperative Care:

There was a total of **TK** denied and retracted referrals this quarter. The reasons for denial/retraction were:

- % went to the streets or another housing situation

- % went to a SNF instead
- % did not have an acute condition
- % there were no beds available
- % went into the MIC shelter instead
- % left the hospital AMA
- % had an inappropriate condition
- % were not allowed at MIC

What's New this Quarter:

**SAWC Recuperative Care Survey**

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

The following questions ask you to rate your answer based on a scale from 1-10. '1' represents little to no confidence and 10 represents complete confidence.

**Self-Efficacy Survey-General**

1. How confident are you in your ability to schedule doctor appointments by yourself?

1      2      3      4      5      6      7      8      9      10

2. How confident are you in your ability to attend doctor appointments by yourself?

1      2      3      4      5      6      7      8      9      10

3. How confident are you in your ability to follow doctor's orders or instructions regarding your health care after leaving the appointment?

1      2      3      4      5      6      7      8      9      10

4. How confident are you right now that you can stay out of the hospital?

1      2      3      4      5      6      7      8      9      10

5. How confident are you right now that you can advocate for your mental health needs?

1      2      3      4      5      6      7      8      9      10

6. How confident are you in your ability to use your medical device(s) as instructed?

1      2      3      4      5      6      7      8      9      10

7. How confident are you in your ability to maintain permanent housing?

1      2      3      4      5      6      7      8      9      10

8. How confident are you in your ability to eat a balanced diet?

1      2      3      4      5      6      7      8      9      10

9. How confident are you in your ability to fit exercise into your regular routine?

1      2      3      4      5      6      7      8      9      10

10. How confident are you in your ability to find accessible places to exercise in your community?

1      2      3      4      5      6      7      8      9      10

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_



**SAWC Recuperative Care Survey**

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

The following questions ask you to rate your answer based on a scale from 1-10. '1' represents little to no confidence and 10 represents complete confidence.

**Self Efficacy for ADLs**

1. How confident are you in your ability to look after your finances (pay bills, banking etc.)

1      2      3      4      5      6      7      8      9      10

2. How confident are you in your ability to do household chores to keep your home clean?

1      2      3      4      5      6      7      8      9      10

3. How confident are you in your ability to do your laundry or to continually wash your clothes?

1      2      3      4      5      6      7      8      9      10

4. How confident are you in your ability to keep up with your personal hygiene (bathing, grooming, oral, nail, and hair care?)

1      2      3      4      5      6      7      8      9      10

5. How confident are you in your ability to properly use the bathroom?

1      2      3      4      5      6      7      8      9      10

6. How confident are you in your ability to select and wear weather appropriate clothing?

1      2      3      4      5      6      7      8      9      10

7. How confident are you in your ability to prepare meals and snacks for yourself?

1      2      3      4      5      6      7      8      9      10

8. How confident are you in your ability to walk independently?

1      2      3      4      5      6      7      8      9      10

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_

**SAWC Recuperative Care Survey**

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

The following questions ask you to rate your answer based on a scale from 1-10. '1' represents little to no confidence and 10 represents complete confidence.

**Self Efficacy for Medication Adherence**

1. How confident are you that you can take your medications when there is no one to remind you?

1      2      3      4      5      6      7      8      9      10

2. How confident are you that you can take your medications when you do not have any symptoms?

1      2      3      4      5      6      7      8      9      10

3. How confident are you that you can take your medications when you take them more than once a day?

1      2      3      4      5      6      7      8      9      10

4. How confident are you that you can take your medications when you have multiple medications to take?

1      2      3      4      5      6      7      8      9      10

5. How confident are you that you can take your medications when you feel well?

1      2      3      4      5      6      7      8      9      10

6. How confident are you that you can take your medications in the correct dose?

1      2      3      4      5      6      7      8      9      10

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_

**SAWC Recuperative Care Survey**

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

The following questions ask you to rate your answer based on a scale from 1-10. '1' represents little to no confidence and 10 represents complete confidence.

**Self-Efficacy for Diabetes**

1. How confident do you feel that you can eat your meals every 4 to 5 hours every day, including breakfast every day?

1      2      3      4      5      6      7      8      9      10

2. How confident do you feel that you can follow your diet when you have to prepare or share food with other people who do not have diabetes?

1      2      3      4      5      6      7      8      9      10

3. How confident do you feel that you can choose the appropriate foods to eat when you are hungry (for example, snacks)

1      2      3      4      5      6      7      8      9      10

4. How confident do you feel that you can exercise 15 to 30 minutes 4 to 5 times a week?

1      2      3      4      5      6      7      8      9      10

5. How confident do you feel that you can do something to prevent your blood sugar level from dropping when you exercise?

1      2      3      4      5      6      7      8      9      10

6. How confident do you feel that you know what to do when your blood sugar level goes higher or lower than it should be?

1      2      3      4      5      6      7      8      9      10

7. How confident do you feel that you can judge when the changes in your illness mean you should visit the doctor?

1      2      3      4      5      6      7      8      9      10

8. How confident do you feel that you can control your diabetes so that it does not interfere with the things you want to do?

1      2      3      4      5      6      7      8      9      10

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_

**SAWC Recuperative Care Survey**

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

The following questions ask you to rate your answer based on a scale from 1-10. '1' represents little to no confidence and 10 represents complete confidence.

**Self Efficacy for Mental Health**

1. How confident are you right now that you can feel hopeful about the future?  
1      2      3      4      5      6      7      8      9      10
  
2. How confident are you right now that you can set goals for yourself?  
1      2      3      4      5      6      7      8      9      10
  
3. How confident are you right now that you can get support when you need it?  
1      2      3      4      5      6      7      8      9      10
  
4. How confident are you right now that you can boost your self esteem?  
1      2      3      4      5      6      7      8      9      10
  
5. How confident are you right now that you can make friends?  
1      2      3      4      5      6      7      8      9      10
  
6. How confident are you right now that you can deal with feeling depressed?  
1      2      3      4      5      6      7      8      9      10
  
7. How confident are you right now that you can deal with feeling lonely?  
1      2      3      4      5      6      7      8      9      10
  
8. How confident are you right now that you can deal with symptoms related to your mental illness diagnosis?  
1      2      3      4      5      6      7      8      9      10
  
9. How confident are you right now that you can use your right to accept or reject mental health treatment?  
1      2      3      4      5      6      7      8      9      10
  
10. How confident are you right now that you can advocate for your mental health needs?  
1      2      3      4      5      6      7      8      9      10

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_

**SAWC Recuperative Care Survey**

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

The following questions ask you to rate your answer based on a scale from 1-10. '1' represents little to no confidence and 10 represents complete confidence.

**Self Efficacy for Congenital Heart Disease**

1. How confident are you in your ability to know when to call/visit a doctor?  
1      2      3      4      5      6      7      8      9      10
  
2. How confident are you in your ability to control breathlessness with medication?  
1      2      3      4      5      6      7      8      9      10
  
3. How confident are you in your ability to control breathlessness with activity level?  
1      2      3      4      5      6      7      8      9      10
  
4. How confident are you in your ability to control fatigue with medication?  
1      2      3      4      5      6      7      8      9      10
  
5. How confident are you in your ability to control fatigue with activity level?  
1      2      3      4      5      6      7      8      9      10
  
6. How confident are you in your ability to control chest pain with medication?  
1      2      3      4      5      6      7      8      9      10
  
7. How confident are you in your ability to control chest pain with activity level?  
1      2      3      4      5      6      7      8      9      10
  
8. How confident are you in your ability to lose weight (if doctor recommended)?  
1      2      3      4      5      6      7      8      9      10
  
9. How confident are you in your ability to change your diet (if doctor recommended?)  
1      2      3      4      5      6      7      8      9      10
  
10. How confident are you in your ability to maintain usual social activities?  
1      2      3      4      5      6      7      8      9      10

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_

**SAWC Recuperative Care Survey**

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

**Trust**

1. How often do you feel that you can trust information provided through public health sources (brochures, food labels, radio, advertisements, news)?

Never          Rarely          Sometimes          Most of the Time          Always

2. How often do you feel that you can trust the intention of public health sources?

Never          Rarely          Sometimes          Most of the Time          Always

3. How often do you feel that you can trust health information provided by a friend or family member?

Never          Rarely          Sometimes          Most of the Time          Always

4. How often do you feel that you can trust the intention of health information provided by a friend or family member?

Never          Rarely          Sometimes          Most of the Time          Always

5. How often do you feel that you can trust information provided by a healthcare professional (doctor or nurse)?

Never          Rarely          Sometimes          Most of the Time          Always

6. How often do you feel that you can trust the intention of health professionals?

Never          Rarely          Sometimes          Most of the Time          Always

7. How often do you feel that you can trust the decisions made by health professionals?

Never          Rarely          Sometimes          Most of the Time          Always

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_

SAWC Recuperative Care Survey

**Pre or Post Survey (circle one)**      **Client Name** \_\_\_\_\_      **Date** \_\_\_\_\_

**Optimism**

1. In uncertain times, I usually expect the best.

Disagree    Disagree a little                      Neither                      Agree a little                      Agree a lot

2. If something can go wrong for me, it will.

Disagree    Disagree a little                      Neither                      Agree a little                      Agree a lot

3. I'm always optimistic about my future.

Disagree    Disagree a little                      Neither                      Agree a little                      Agree a lot

4. I hardly ever expect things to go my way.

Disagree    Disagree a little                      Neither                      Agree a little                      Agree a lot

5. I rarely count on good things happening to me.

Disagree    Disagree a little                      Neither                      Agree a little                      Agree a lot

6. Overall, I expect more good things to happen to me than bad.

Disagree              Disagree a little                      Neither                      Agree a little                      Agree a lot

**Staff Name** \_\_\_\_\_

**Date Submitted to Program Development Manager** \_\_\_\_\_

**Date Recorded** \_\_\_\_\_



**\*PLEASE FILL OUT BOTH SIDES\***  
**SATISFACTION SURVEY 2022**

QA staff only:  
 prog\_code 21  
 res\_ \_\_\_\_\_

This box to be completed by CCH staff. Program being rated: **Health Services: Respite/Transitional Care Management**

Check this box if staff assisted in the completion of this survey

We are committed to improving our services in this program using your feedback. You do not have to fill out this survey. If you choose to, the information you provide cannot be associated with you. Please do not write your name or any other personal information on the survey so we can keep your response anonymous and confidential. We respect your privacy so that you can feel comfortable giving us honest feedback.

You may drop it in the survey collection box the program has provided, return it to a staff member in a sealed envelope or mail it to the CCH Quality Assurance Department at 2111 Champa St., Denver, CO 80205. THANK YOU for your participation.

Today's Date: \_\_\_\_\_ Your Age: \_\_\_\_\_

**What is your gender? Please check all that apply.**  Male  Female  Transgender  
 A gender that is not singularly "Female" or "Male"  Questioning

**What is your race or ethnicity? Please check all that apply.**

American Indian/Alaskan Native  Asian  Black/African American  
 Latino/Hispanic  Native Hawaiian/Pacific Islander  White  
 Other

**How long have you been receiving services from this program?**

Less than one month  1-6 months  6-12 months  1-3 years  More than 3 years

**Did CCH staff ask you about difficult experiences in your life (like violence, abuse, or other traumatic events)?**

Yes  No  Don't know

Please indicate your level of agreement with each of the following statements by circling the number that best represents your opinion. If the question asks about something that you have not experienced, please circle "N/A," for "Not Applicable." Please answer all questions.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I feel physically safe when receiving services from this program.	5	4	3	2	1	N/A
I feel emotionally safe when receiving services from this program.	5	4	3	2	1	N/A
I am satisfied with the quality of services I've received in this program.	5	4	3	2	1	N/A
I was able to get the services I thought I needed.	5	4	3	2	1	N/A



**SATISFACTION SURVEY CONTINUED**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The staff showed sensitivity to my background (cultural, racial, special needs, sexual orientation).	5	4	3	2	1	N/A
The staff treated me with respect and dignity.	5	4	3	2	1	N/A
The staff had the knowledge and ability to help me.	5	4	3	2	1	N/A
The resources/information provided to me were helpful/useful	5	4	3	2	1	N/A
I was involved in the development of my own treatment goals.	5	4	3	2	1	N/A
The services I've received in this program have helped me to deal more effectively with my problem(s).	5	4	3	2	1	N/A

11. What two things do you like the *most* about the services you received?

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12. What two things do you like the *least* about the services you received?

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13. How would you change services to better meet your needs?

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14. Is there anything else you would like us to know?

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**THANK YOU!**

# Bob Tavani House For Medical Respite: Quality Improvement Program

## **Introduction**

The Board of Directors (BOD), upon approval of this program, shall delegate to the Quality Improvement (QI) subcommittee and the executive director (when position is filled), with input as needed from site directors, the authority to develop, implement, and maintain a quality improvement plan. The document that follows is aspirational and not intended to enumerate specific responsibilities, but the intent is that it will serve as a guide when capacity allows for the development of the pieces of the plan it describes.

## **Background**

### **BTH Mission and Vision**

The *mission* of the Bob Tavani House for Medical Respite (BTH) is to provide a supportive home environment and foster connections to the community for individuals who have an immediate medical need and lack safe housing. Our *vision* is a Twin Ports community where all people have the opportunity to heal in a supportive home environment.

### **Quality Improvement (QI)**

Since its founding in 2018 BTH has engaged in data collection efforts to track various demographic and clinical measures related to its guests and the time they spend at BTH, with a goal of using that data to improve the quality of the support offered at BTH. BTH has also engaged the services of researchers at the Essentia Institute of Rural Health to conduct a one-time programmatic assessment completed in 2022. However, there has been no formal plan or structure to facilitate an ongoing, data-driven quality improvement process. In 2022 the BTH BOD and co-site directors completed a formal strategic planning process, and as part of that process identified the the core elements of our work (see Appendix A). The resulting findings will be used by the QI subcommittee to develop “Key Performance Indicators” that track how well we are honoring those core elements. We now propose to create a formal program to gather and use data to enhance the quality and efficiency of our work.

## **QI Program Mission**

It is the mission of the QI program to develop and implement a structure and process by which BTH can define quality, implement improvements, monitor results, and in general act to improve the quality of care and service for our guests, staff, volunteers, and community partners.

Elements of this process include:

- Developing clear outcome measures that promote positive outcomes for our guests, staff, volunteers, and community. This should be the central focus of actions taken by BTH and prioritized over other interests (e.g., satisfaction of our partners, financial sustainability) to the greatest degree possible.
- Fostering an organizational culture that embraces learning and continuous improvement;
- Committing ourselves to communicate achievements, failures, findings, and improvement efforts to BTH leadership, staff, guests, funding partners and all other interested parties;
- Meeting or exceeding all relevant National Institute of Medical Respite and Recuperative Care standards (see Appendix B); and
- Developing long-term priorities that help us work better and more easily (e.g., process improvement for the guest experience).

BTH will integrate QI activities into all aspects of agency operations. The BOD will use the data collected and analyzed as part of the QI program in the following capacities:

- Program planning
- Performance improvement
- Strategic planning
- Organizational advocacy
- Financial planning
- Resource planning

# Bob Tavani House For Medical Respite: Quality Improvement Program

## **QI Program Structure, Personnel, and Responsibilities**

The QI subcommittee of the BOD, which sits under the Quality Experience Committee, will lead quality improvement efforts. The QI subcommittee currently consists of three BTH board members and will also include the Executive Director once one is hired.

*The QI subcommittee* will maintain primary responsibility for coordinating QI activities and ensuring successful implementation of this QI program. The QI subcommittee will make recommendations to the BTH Board, funding sources and stakeholders as appropriate. Representatives of the QI subcommittee will communicate at the monthly BOD meetings specific agenda items related to quality improvement, including new opportunities for improvement and updates on the status of the QI program and current QI initiatives. The QI subcommittee will also be responsible for developing processes to measure contractually defined outcomes specified by funding partners (National Institute for Medical Respite Care, Centers for Disease Control Foundation, and United Health Foundation) and for generating and transmitting any necessary reports at the required frequency (see Appendix C and D).

*The BTH Board of Directors* will provide support for the BTH QI program, assisting with prioritization and resources and ensuring that the work of the program is coordinated effectively and grounded in the values of BTH. The BOD will review and adopt recommendations as needed. The Board has final responsibility for adopting QI initiatives. It shall be the responsibility of the BOD, with assistance from the QI subcommittee, to ensure transparency and to communicate improvement initiatives and accompanying implementation strategies to staff and stakeholders as needed in a timely manner.

*All BTH staff, board members, volunteers and guests* will be empowered to identify emerging quality issues and opportunities for improvement. In particular the work of the QI subcommittee will depend on regular communication with others, particularly the *site directors*, who are integral to the QI process for several reasons. First, through their experience living and working in the house the site directors know which processes are working well and which are in need of improvements. Second, site directors will have essential input on which strategies for improving the quality of services are likely to be effective. Third, through their ongoing interactions with guests site directors will collect much of the data on which the QI program will rely to monitor trends, processes and outcomes.

In addition to the responsibilities described above, the QI subcommittee will have responsibilities in the following domains:

### **Compliance & Review**

The QI subcommittee will periodically conduct a review of BTH adherence to program guidelines and rules (see Appendix E) for the purposes of quality improvement. The subcommittee will develop a standardized audit tool and use that tool to report results to the BOD. The following list provides examples for areas of compliance and quality services.

#### **Compliance Areas: (Hypothetical Examples)**

- Review of Guest Rights (at orientation and annually)
- Releases of Information
- Financial Forms
- Residency Verification
- Medical History Self-Assessment

# Bob Tavani House For Medical Respite: Quality Improvement Program

## Quality of Services: (*Hypothetical Examples*)

- Admission summaries
- Review of Progress Notes for appropriateness of services and utilization
- Crisis Plan
- Team Meeting Minutes
- Daily Census

## Safety

*Safety Reviews:* The QI subcommittee ensures that Safety Reviews are conducted on a regular basis. These reviews will gather input from all BTH directors and staff related to safety issues that have occurred or are anticipated. Findings from this review process are discussed and recommendations made to the Executive Management Team.

*Major Unusual Incident Review:* The QI subcommittee conducts reviews of all major unusual incidents as close to the time of the incident as possible. These reviews include all staff involved and are chaired by the QI subcommittee, which documents results so that they can be analyzed in an ongoing fashion for any actionable trends. Possible responses could include but are not limited to staff training, policy/ procedure revision, and individual staff development.

## Conflict of Interest:

Persons providing services shall not review their own cases in regard to safety activities.

## QI Program Partners

BTH seeks to involve interested parties in the QI process. For example:

- Current and past guests and their families
- Site directors
- Clinical providers including clinic and hospital staff
- Board of Directors
- Employees
- Volunteers
- First Covenant Church
- Organizations that partner with or support BTH in its mission to provide hospitality-based services for guests (e.g., community-based organizations, health systems, foundations, and other funders)

Participation of partners in QI efforts will be obtained in several ways:

- Informal feedback from guests and partners obtained day to day
- Satisfaction surveys
- Post-discharge interviews with guests and family members
- Meetings with program staff, hospital and clinic staff, community partners, and funders to solicit input on a variety of program areas
- Focus groups/ charrettes

## Data & Outcomes

Information on the type, frequency, duration, and costs of services and supports provided is essential to quality improvement. When examined in conjunction with the core information identified above, a more detailed understanding of what interventions are most appropriate for guests with various patterns of needs and what costs are associated with meeting those needs can be attained.

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Examples of processes that the QI subcommittee is likely to consider include:

- Fidelity to the NIMRC Standards of Care
- Admission/ Discharge data collection
- Demographic data collection
- Baseline health/functional status of guests, so as better to understand change over time
- Satisfaction Surveys
- Meetings with community stakeholders
- Contract Review
- Focus Reviews
- Review of Guest Rights, Complaints and Grievances

## **Procedures & Tools**

The QI subcommittee will seek to develop and implement procedures and tools to improve the guest experience. The following list provides examples for areas of compliance and quality services.

### **Data Collection Tools and Processes (Hypothetical Examples)**

- *Management Information System*
- *Guests Needs and Strengths Assessment*
- *Satisfaction/Feedback Surveys (e.g., guests, interested parties, funders)*

## **Data Review and Analysis**

Members of the QI subcommittee will conduct analyses of data collected for the QI program defined in this document. The QI subcommittee compiles data from the sources identified above and prepares data summaries or reports to assist other BTH stakeholders in reviewing and interpreting results. Members of the QI subcommittee are also active members of both the BTH Leadership Team and any subsequent QI teams formed to work on QI projects, initiatives, or goals.

## **Communicating Results**

It is the responsibility of the BOD, with assistance from the QI subcommittee, to report results of the QI program to interested parties identified in this program. The BOD and QI subcommittee will use multiple methods of communicating results as appropriate for the type of data being shared (e.g., records reviews, management and operational performance, outcomes results), the team member or partner who should receive the results (e.g., board members, guests, employees, family members) and the actions that are necessary to address any areas for quality improvement (e.g., creation of a project team, dissemination of information, focus groups).

Examples of tools that can be used to communicate QI results include:

- BTH Website
- Written Reports
- Presentations
- Information Meetings

The BOD will collaborate with the QI subcommittee to identify the most appropriate methods of disseminating information to each recipient and to make sure that results are delivered in a clear and usable way.

## **Using Data for Implementing Improvement**

The Leadership Team and the QI subcommittee will identify opportunities for improvement based on data reviewed through the QI process. If an identified opportunity for improvement requires action, the QI subcommittee may assemble and support a workgroup or team to work on the opportunity. Workgroups will have a timeframe (e.g., 3 months) in which to complete their work, inform the Leadership Team of their

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recommendations and implement approved solutions. For identified improvement issues the QI subcommittee may (1) invite key staff to existing QI subcommittee meetings to address the issue (2) ask to add the issue to the agenda at other existing team meetings (e.g., Management Team, BTH Friday's Meeting, BOD Meeting) or (3) convene a separate QI workgroup to review QI data and develop an action plan. QI teams and workgroups will document their activities and share them with the Leadership Team so that a detailed record of all QI activities can be maintained. The QI Subcommittee will report on its work to the BOD and other partners according to the schedule described in Appendix E.

## **Assessment of the QI Process**

The QI subcommittee will review the performance of the QI program on an annual basis to determine the program's effectiveness and impact on the quality of care and service delivered. Once hired the executive director may assume responsibility for this review, with support from the QI subcommittee. Components of the annual review include the following:

- A review of the program overall goals and objectives
- A review of the achievement of professional standards of practice (NIMRC Standards)
- A review of resolution of identified problems
- An assessment of the efficiency of quality assurance activities and adequacy of corrective actions
- An assessment of the improvement of the service delivery system
- An evaluation of systemic improvements made as a result of the QI Program

3/7/23

Date

*Anthony Olson*

Anthony Olson  
BTH Board Chair

Created: 3.7.2023

Revised:

## **APPENDICES**

**Appendix A.** [BTH Strategic Planning Report - 2022](#)

**Appendix B.** [NIMRC Standard Compliance Status](#)

**Appendix C.** [Grant Funders Required Reporting Schedule and Elements](#)

**Appendix D.** [NIMRC Metric, Narrative, and Financial Report Tools](#)

**Appendix E.** QI Subcommittee Reporting Schedule (Compliance reporting, overall QI measures, Opportunities for Improvement)